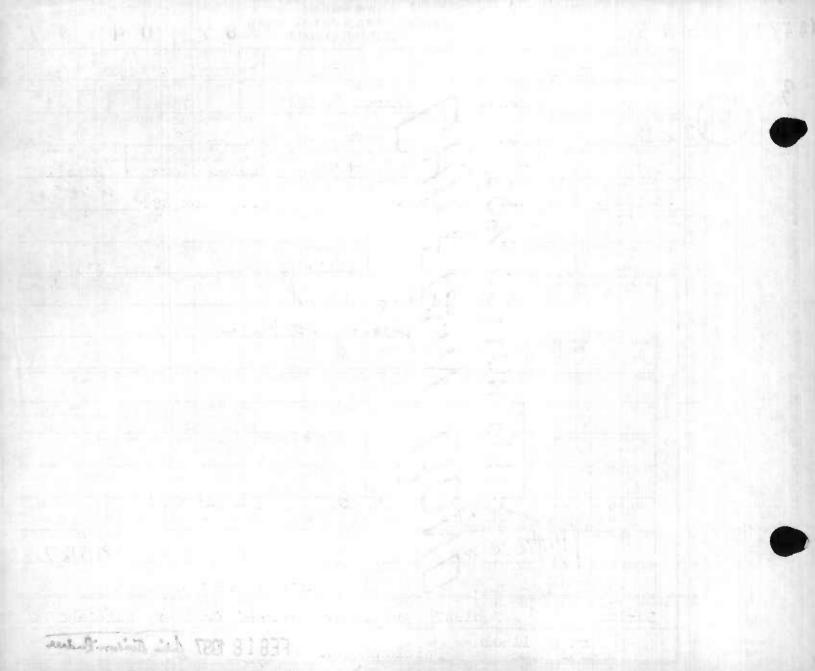
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONIH YEAR 26 HOUR LITYPE OR PRINTI HELEN BOWMAN **FEBRUARY** 1987 10:29P M 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH March 4. White 1911 FEMALE 75 BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Ohio CHARLES USA WIDOWEDKK DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY LA PLATA HOSPITAL PHYSICIANS MEMORIAL Sales Clerk Retai] JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN Maryland Charles LaPlata P.O. Box 308 NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST Bohme ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) HEYES, GIVE WAR OR DATEST William C Bowman No Sameas APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES F NO [216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 22a 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive and above, (1) (we) (dip) (d and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS ROBERT T PACE, M.D. shoul with WALDORF. MARYLAND 20601 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Washington National Cemetery Suitland PG 20Feb1987 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR NAMROBERT E Wilhelm DHMH - 16 60M 7/84 Julia Dividern- Ray Funeral Home Suitland, Md. (VRA 15, 4)

STATE OF MARYLAND



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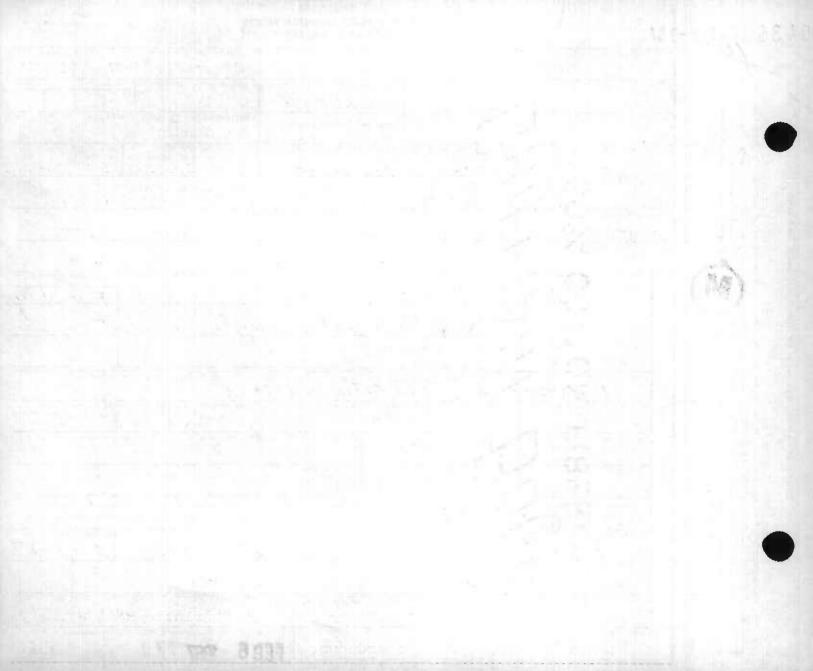
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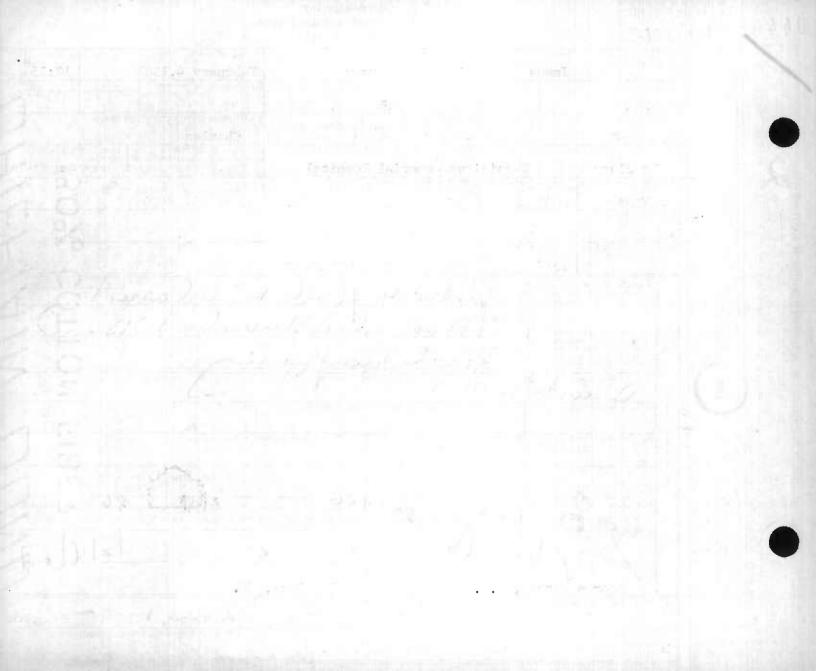
Funeral Home

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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL JORECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S NAME DA	vid N.G	ingnich	ADDRESS_50/9	Woodha	wen Dr.	Lattura, MI
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR CTYPE OR PRINT 23 but redrick 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX IF UNDER 1 YEAR YEAR MONTH 05 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WAShingTow DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Mursing Home MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13e STREET ADDRESS / ZIP CODE RIM 14 FATHER'S NAME CARL AUGUSTA AUGUST BRINKMAN 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) LaPLATA Md., 20646 577-10-5148 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (D DUE TO, OR AS A CONSEQUENCE OF ngenteral Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED Delevelement Moul IN CERTIFYING CAUSES OF DEATH? NO ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M 21e PLACE OF INJURY 211 LOCATION COUNTY STATE STREET (AT HOME, STREET, FACTORY au 220.1 certify that (1) (this hospital) attended the deceased fram. al 11 saw the deceased alive an_ ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DEDICAL STAFF 22e ADDRESS the the 118 LA GRANGE ORT 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN BURIAL CEDAR HILL CEM. SUITLAND 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 AREHART FUNERAL HOME INC. ha Deviden Pas (VRA 15, 4) LaPLATA Md

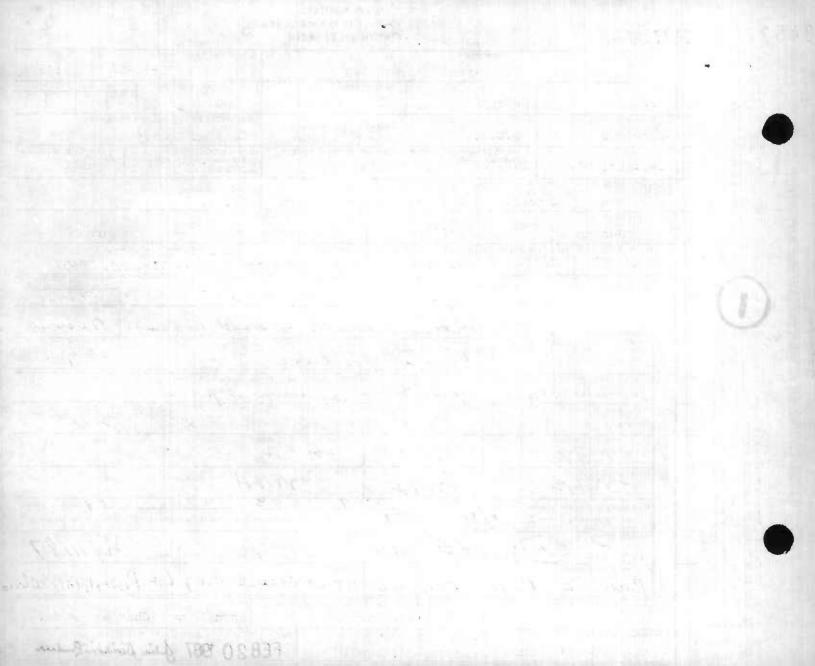
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR ASED NAME 20. DATE KNOWN THE MONTH TTYPE OR PRINTS RICHARD DEATH MATED Charles Elder IF UNDER 1 YR. 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 74 HOUR PRONOUNCED 29/53 6:47A White Male DEAD 15 19 87 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED Charles County IS CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1126 KIND OF BUSINESS Owner-operator LaPlata Physicians Memorial Hospita 134 INSIDE CITY LIMITS 130 STREET ADDRESS VES NO X DOVE Drive Maryland Charles 20611 M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Albert Dolores L. Elder , Jr. "Carr 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Star (YES, NO, OR UNKNOWN) 217-60-6028 Albert Elder, Jr., Father Box 403 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Autopsy X 270 I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted from Hamicide __ Undetermined manner Natural causes NTLE (SPECIFY) ACTUAL DATE 2/15/87 SIGNATUR SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 02/18/87 Sacred Heart Cemetery La Plata, Charles, Marylar 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Aremart Funeral Home "Thc., La Plata, Md. (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE F STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME TYPE OR PRINTI 4:15 pm Barbara C.onnie Gehring 2 - 11 - 87IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH MONTH 3 1 DAY O TEAR Female Caucasian 85 Je. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Charles County WIDOWED 12ª USUAL OCCUPATION IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Charles County Nursing Home LaPlata, Md. Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
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132. CITY OR TOWN 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Charles 232 Maryland Bryantown NO KK Rt. 20617 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Joseph Hoffman Moran 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 503 Chartes Street (IF YES, GIVE WAR OR DATES) 225-05-1884 Herman Gehring Hughesville, Md. 20637 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY W. PRESTON ST... IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate couse (o), stoting the underlying cause lost. BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? MIANOL 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOLIFY MEDIC MEXAMINER) 19 71d INJURY OCCURRED 211. LOCATION 71a PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) 22a. | certify that (1) (this hospital) attended the deceased from Z, and that in (my) (aur) apinian death accurred on the date and haur and from the couses stated sow the deceased alive an_ abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 474 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d b PORT RITEHETT, MID 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Bryantown Charles Md STATE St. Mary's 2 - 14 - 87BP 24. FUNERAL DIRECTOR P. O. Box 156 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Julia Davidson Randalli Huntt Funeral Home Waldorf, Md. 20601 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 7h HOUR LITYPE OR PRINTI 1987 Reklis Good February 3. Diann A PACE & AGE (IN YEARS LAST BIRTHDAY) S DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 MPS 3 SEX 1935 Aug. Female White TO BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED COUNTRY Maryland Charles DIVORCED [WIDOWED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 175 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Domestic 23 Potomac Avenue Housewife Indian Head USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 23 Potomac Avenue Md. Charles ndian Head YES X NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Bolner Reklis Peter John Julia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT 23 Mortomac Avenue LYES NO OR LINKNOWNS HE YES GIVE WAR OR DATES! 217-34-1471 Robert B. Good, Indian Hd., Md. 20640 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause pet line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ling Cancer with metastases to brain and DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 70b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOI NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDIC AL EXAMINER 71d INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | WHILE AT WORK NOT WHILE Vulember 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinian death occurred on the date and your and from the causes stated saw the decrased alive on. above, (1) (we) (did) (did not) view the body after death 27% SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 774. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 8926 Woodyard Rd., Clinton, Md. 20735 Dr. Kai-Yiuyeung 23a BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY Burial St. Charles Cem. Glymont, Charles, Md. 2-5-87 P. U. BOX 156 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Waldorf, Md. 2060 Huntt Funeral Home. (VRA 15, 4)

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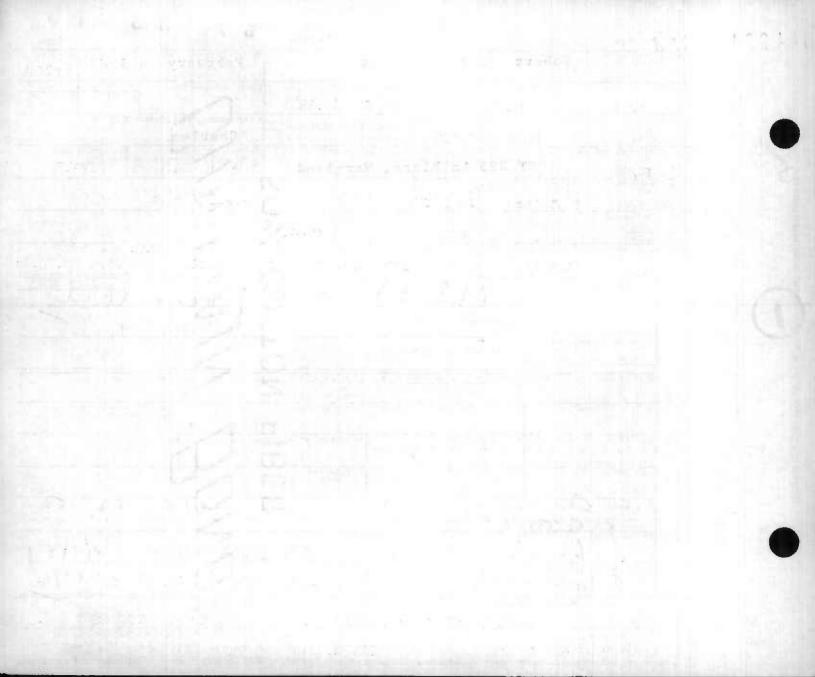
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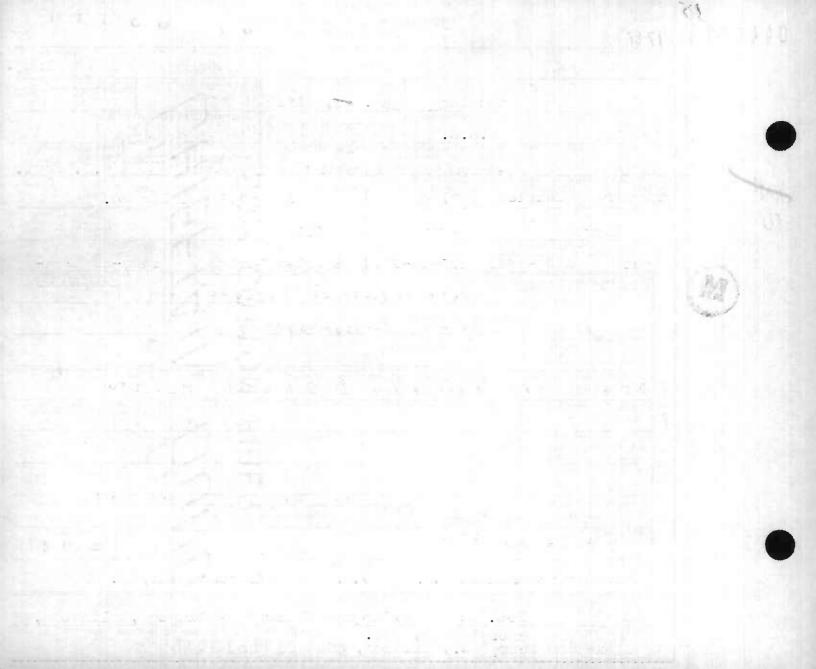
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STATE OF MARYLAND

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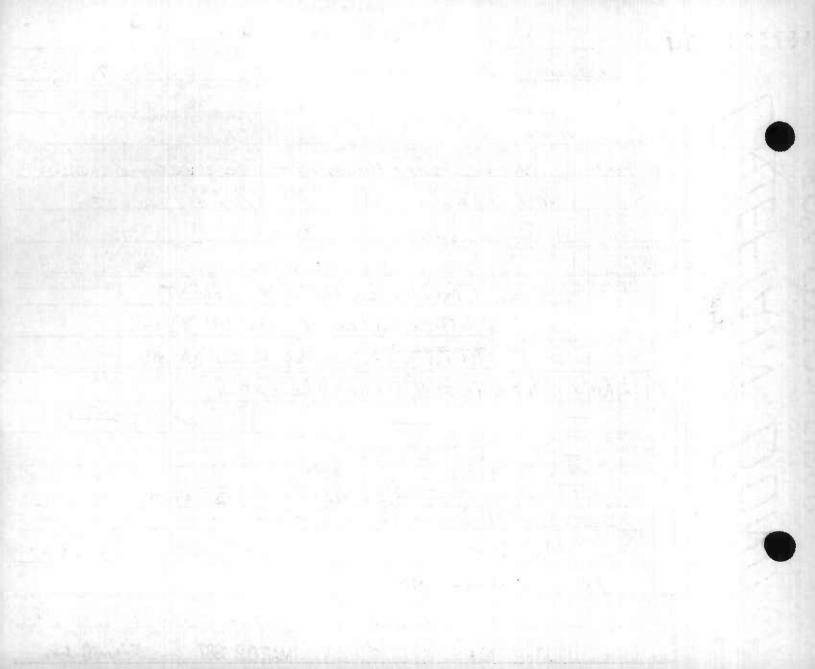
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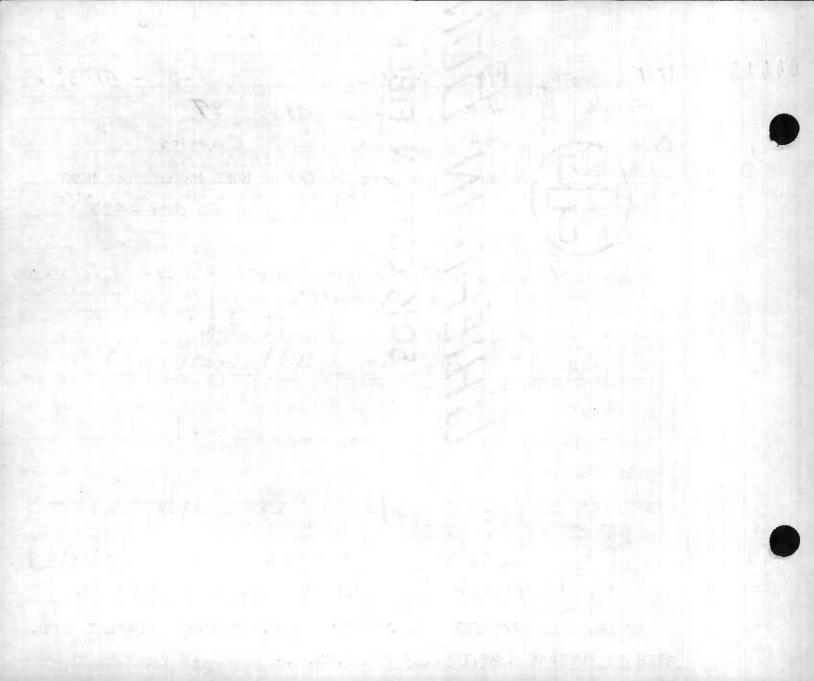
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0 4 5 8 3 5 MAR - 3187 STATE STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINT MARY LOUISE MUSCHETTE February 21, 1987 2:00 3: 5EX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) BLACK FEMALE MARCH 15 1896 90 IN BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CHARLES WIDOWED DIVORCED [CHARLES 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 20646 LaPLATA BOX 120 OAK HOUSE WIFE HOME SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 20646 CHARLES LaPLATA 14 FATHER'S NAME MIDDLE MIDDLE GARNER WILLIAM THOMAS CHARDOTTE 17 INFORMANT CHARLOTTE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDR 1.3 BOX 120 (IF YES, GIVE WAR OR DATES) WINTERS 219-16-0700 LaPLATA.Md. 20646 APPROXIMATE INTERVAL METWORN CHOSE AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), a PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave (1) (we) (did) (did not) view the bady after death. , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BURIAL SACRED HEART LaPLATA 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) FUNERAL HOME INC. 211 St. MARYS

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	Richard		Н		ple		una	vailable				
		VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMA		A	900° Cor	oley Aver	nue	
		no			579-1	.0-7291	Kenne	eth W.	Randall	Waldor	f, Md, 20	0601	_
ſ		PART I. DEATH W	H (Enter on	y one couse pe	r line for ton, it	of, and tery			1	10	BETWEEN	MATE INTERVAL INSET AND DEATH	
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1	z	PART 2 OTHER SIGN	IFICANT	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OR	CONDITION G	IVEN IN PART 110		
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1	h.	sow the decease	dolive on	View the had	v ofter death	19 87 . 01	nd that in (my)	(our) apinion	death occurred on	the date and h	out and from the i	auses stated	
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		(T)	. (NF41	MEN	7	1	710	17/14	,n	d CO	, 10,	
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		230 NAME OF C			23d LOCATION	WN	COUNTY	STATE	
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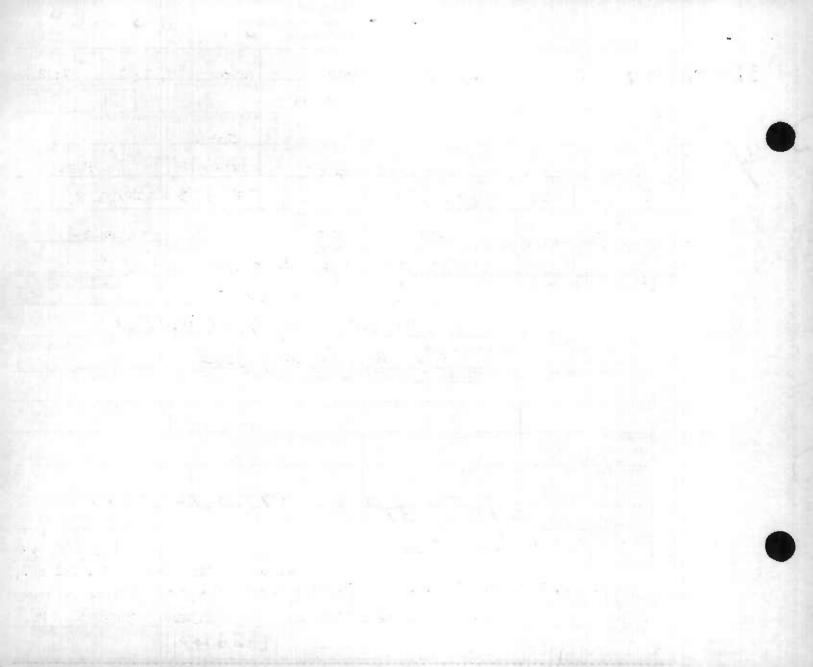
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(VRA 15, 4)

Huntt Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



6031 MAR		STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO.	5019
oy be deoth	1. DEC	CEASED NAME FIRST ORPHINT) Seph	Edward S	imms	26. DATE OF DEATH MONTH 2/28/87	2b HOUR 1:00a
s ofter de	3. SE	Male	Black	5. DATE OF BIRTH 08731/1922 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 64 YRS.	IF UNDER TYEAR IF UNDER 24 HR
neral direction. Page		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	Charles	Y OF DEATH
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n ond co	160	VAS DECEASED EVER IN U.S. AF			Marie Williams	
quires that the derivation of the please transfer to buriol, cremating.	NO	Canditians, if any, which gave rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	carre of	MINAL DISEASE OR CONDITION GI	PART Ita
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G PHYSICIAN: ottending physis er this certifical is the burial-tron tond Mental Hy ked ar tem. 8	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR LOWN	COUNTY STATE
the hospital or TIENDIN The hospital or INTECTOR, affined for use or EDept. of Health if them 21 is mon		22a I certify that (1) (this hosp	of view the body after death.	DEGREE	n death accurred on the date and ha	, 19 87, that (I) (we) I ui and Iram the causes stated 22c DATE SIGNED 2 - 2 8 8
TO HOSPITA retoined by TO FUNERA should be de with the Stot	22		ell, M.D.	La Plata	M.D.	
BP	Bu	BURIAL, CREMATION, REMOVAL ISPECIEVE Irial		NAME OF CEMETERY OR CREMATORY t. Catherins Cen		ie°, Charles',
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DIRECTOR	1 Home, Incomes	25g. D.A	TE REC'D. BY REGISTRAR 256 REGIS	

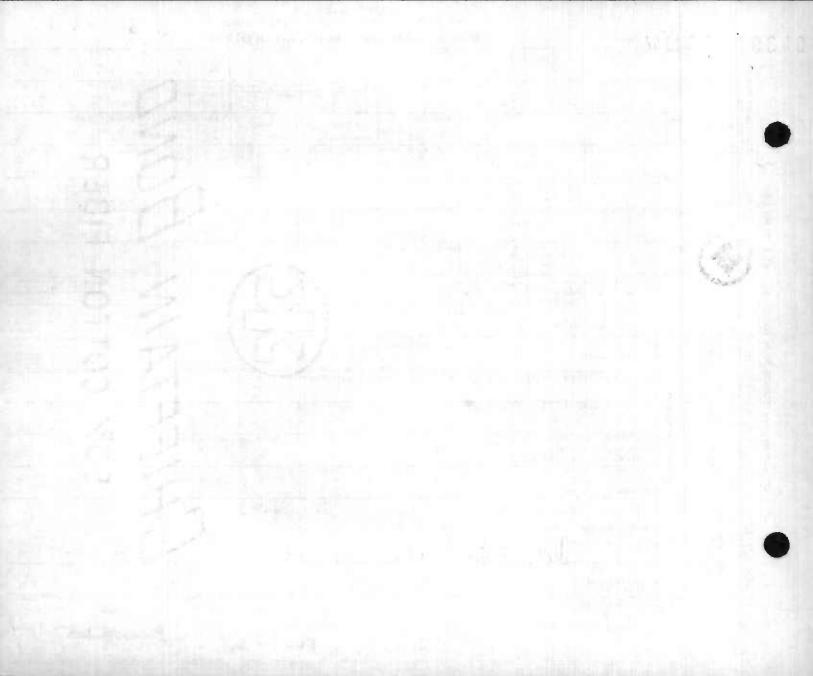
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TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE A SHOUD BE FORWARD PAGE A SHOUD BE FORWARD PAGE BOATH, WITH THE STATE BALTMORE, MARYLAND, 21201	27a B		t I taak charge m: Natura A M	Host W Ha	Accident , S	Suicide M	Homicide Tiple (SPECIFY D. CALIK ADDRESS 1026	Derla	Inquiry Expression of the control of	and in my apri]. DATE SIGNED	,2/17/80 ut 2064)6
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO T DECEASED NAME 20. DATE KNOWN N 26. HOUR (TYPE OR PRINT) OF ESTI- $\Box 2 - 6 - 8$ PLEASE ECTOR. R FILES. HOURS STREET, WOOLLS DEATH MATED R. KATHERINE 4. RACE AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED :04A 2-6-87 12-19-86 Female Caucasian YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 34 BIRTHPLACE MARRIED | NEVER MARRIED FOREIGN COUNTRY US Charles county Maryland DIVORCED WIDOWED [D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Physicians Memorail Hospital LaPlata USUAL RESIDENCE (IF IN N ... ING POME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 36 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Rt 6, Box 165/Welcome, MD Welcome YES [NO 3 Charles Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Young Woolls Melinda Richard 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRETIFICATE, WRITING THE WORD "PROGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR; PACK 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARIMENT OF HE BALTTMORE, MARYLAND, 21201 PRIOR TO BURBLA. YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 2-7-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 2-10-87 Trinity Memorial Gardens Waldorf Charles 07.84 Maryland 25M DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATION 24. FUNERAL DIRECTOR P.O. Box 156 **DHMH - 17** ADDRESS Waldorf, Md. 2060 Huntt Funeral Home, (VR AT5 ME (5))

STATE OF MARYLAND



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TTEN Portol for u	21 is		sow the deceased alive on above, (1) (we) (did) (did no	1/3	19	27, and	that in (my) (aur) o	apinian dec	oth occurred on the date and ho	or and from the	causes stated
OR A DIRECTORED DIRECTORED	tea		22b. SIGNATURE	New the Gody dr	er dearn.	DE	GREE			22c DATE	SIGNED
	<u>*</u>		Charles	In tal	oll	MD	ATTENE	DING	MEDICAL STAFF DIRECTOR PHYSICIAN	21	3/87
HOSPITAL ined by th FUNERAL wild be detailed the State	NA /		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)			? ADDRESS	CIAIN	Sweeton Thisician		- 10 1
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DIVISION	R: THIS CERTIFIC TE, WRITING TH S: WARDED TO S: PAGE 3 SHOU E: STATE DEPART D, 21201 PF OR	MEDICAL	21d INJURY OCCUP	RED WHILE			INJURY IY, FARM, ETI	(AT HOME,		CATION		c	CITY OR TOWN	11/2	co	UNTY		STATE
	ZAYA ET	10	AT WORK AT V	VORK			-					12	N	1		APPROXIMATE INTERVA BETWEEN ONSET AND DE TO AUTOPSY? YES NO NIT?) NO NIT? STA		
	EXAMINER: CERTIFICATE JLD BE FOR' DIRECTOR: WITH THE S AARYLAND,		220 I certify that death resulted from		of the remoi	7	ibed obov		Autop	sy L.	Inspectio		Inquiry A		in my of	inion		
	EXAMI CERTIFI JLD BE DIREC WITH AARYL		deom resulted from	N A	11 T	7	ccident		icide [TITE (S		ondetern	ninea manne	·			1 10	
	K. W.		ACTUAL SIGNATURE	101	46	t		4	N	D. dr	rles (D MEDICA	AL EXAMINE	R	DATE	D_Z	15/8	0/
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNKERI DIRECTOR: 8 AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND,		EXAMINER'S NAME	H	M.	the	the	W		ADDRESS	NEEDE	102	o Darl	et Di	1 (a	Mal	ta, M	rg
	534544		URIAL, CREMATION,	REMOVAL 23	b DATE		23c. N	AME OF CEA	AETERY C	RCREMATO	ORY	23d LOCA	ATION		COU	NIY	STA	ATE.
	BP		BURIAL		2-10-8	87	S	CHA	RLES	CEMET		GL	TVOMY		CHAR	LES	MD.	
	DHMH - 17		UNERAL DIRECTOR	INTERD AT		ADDRESS	DOM #6	MITZERY	M			REC'D, BY RE						
	(VR A15 ME (5)) 20M 4/82	T	HORNTON FU	MERAL	HOME		POM	DNKEY,	MD.		FEB	13 1	987 <i>g</i>	لم معلل	Corde	٨٠ ٢٠	Mark and a second	

FEB 13 887 full school we

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

1	REGISTRAR		CENTITION	IL OI DE		REG. NO.				
1	DECEASED NAME FIRST	MIDDLE	ĮAST		1-4-1	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	JR
	MARGAR	ET JANE	YOUN	G		2	2	87	5:45	PM
3	SEX	4. RACE	5. DATE OF BI			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	23 HRS
13	FEMALE	WHITE	MONTH	6	1900	86 YR	S SOUTH A	DATS	HOURS	20(106)
2 7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	0		9 BALTIMORE CITY OR COU		ATH		
1	CANADA	II.S.	MARRIED WIDOWED		RRIED '	CHARLES COUNT	mvz.			MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR O	,		CHARLES COUNT	12b.		F BUSINE	
V		(IF NOT IN SUCH FACILITY, GIVE STREET				HOME MAKER	IG LIFE) IND	USTRY	ME	
le	SUAL RESIDENCE (IF NURSING HOME OR	NURSING CEN		RIDIAN		HOME MAKER	IV1	ne	MIE	
13	la STATE 13b/COUN	NTY 13c CITY OR TOW	VN 13d	INSIDE CITY		13e STREET ADDRESS / ZIP C				
112	Md. ST.	MARY'S LEXINGTO	413 112	- X	AAIDEN NAA	XXXXX 4 MAJES	TIC C	OUR'	20	0653
17	FIRST	MIDDLE LAST	3	FIR		MIDDLE		100		
4	FREDRICK	SMIT		MARG					HTIP	
16	WAS DECEASED EVER IN U.S. AR. (YES NO OR UNKNOWN) I (IF YES, GIV	MED FORCES? 166 SOCIAL SECT	The second second	INFORMAN			MAJE			
	NA	163-20-	7020 W	ILLIA	MF.	YOUNG, LEXI	VGTON	I PE	₹K.,	MD.
Г	IE CAUSE OF DEATH : Enter on	dy one couse pegime to a. ib., or	od od o	D	()			ETWEEN C	DENSE LANG	DEATH
1	PART I. DEATH WAS CAUSE IMMEDIAT									
н		DUE TO, OF BEACHINGU	SHOE OF	0))				
1	Conditions, if any, which	COE IO CALLED TO	3000-6	elin	m					
	gave rise to immediate) ""	all lesses a							
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF				- 18			
1	DART 2 OTHER CICALIES AND	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	T DELAYED T	O THE TERM	IN AL DISEASE OR CONDITION	C B/EAL IAL	DADT 1		
1 8		CONDITIONS CONTRIBUTING TO	DEATH BOTTO	KELAILDI	0 1112 121010	THE DISEASE OR CONDITION	0145141141	CKI III		
15	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION W	AS PERFORA	AED		YES, WERE			
1 5						YES NOTE IN CE	RTIFYING C	AUSES	OF DEAT	
4 5	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	216	HOW INJU	IRY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM		PARI 2)	140	
		HOUR A.M. MONTH D	AY YEAR			(1)				
1	OR CONTRIBUTING CAUSE OF DEA	P.M. 21e PLACE OF INJURY	19	LOCATION						
13	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE	FARM ETC }	STREET	5 - 7	CITY OR TOWN	(0	UNTY	5	STATE
Н	AT WORK AT WORK			R-	7	7/7		7		
1		ital) attended the deceased from	47.	5 02	49	to			tha (1)	
	attave (Live) (disk (did no	new the body ofter death	ond the	ot in (my) (o	ur) opinion d	death accurred on the date and	hour and to	rom the	couses st	oted
	2211 SIGNATURE		DEG				27	CDATE	SIGNED	
	DATIN	1501 mm			YSICIAN	MEDICAL STAFF	1	1 7	M	7
1	221 PHYSICIAN'S NAME (TYPE O	OR PRINT)	220	ADDRESS	00	0	-	1	, (- 1
	COGW.	WI MARIN		Lo	ML	m my	2	06	Vc	(1
23	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEME	TERY OR CR	EMATORY	23d LOCATION				
	(SPECIFY)		MORIAL			BETHLEHEM	LEH			A .
24	BURIAL FUNERAL DIRECTOR: 100 100									7.
		UNERAL HOME, I				B - 4007 /	8 pm 8		0.1	4.0
1	WALLACE M. LON	IG FUNERAL HOM	E, BETH	LEHEN	Pat	DO BOLL	in franc	desp-	V 25-00-4	Child

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

